

**Nebraska Department of Health and Human Services  
Office of Oral Health & Dentistry**

Event Reporting Form

Please complete the following form in order for us to better track the reach and impact of the Office of Oral Health & Dentistry.

Date: \_\_\_\_\_

Requesters Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date/Location: \_\_\_\_\_

Purpose/Focus of Event: \_\_\_\_\_

Approximately how many people attended the event? \_\_\_\_\_

Approximate ages of attendees?

Infant	_____	Middle School	_____
Pre-school	_____	High School	_____
Elementary	_____	Adult	_____

Did you reach your target population for the event? No \_\_\_ Yes \_\_\_

If yes, please specify your target population. \_\_\_\_\_

Did the event attract a diverse group of attendees (for example: variety in age, gender and ethnicity)?

No \_\_\_ Yes \_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

Please make any comments or suggestions about additional information or resources the Office of Oral Health and Dentistry could provide.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact us at 402-471-0166 with any questions regarding this form.

Please complete form and use the enclosed stamped envelope to return to:  
Suzanne Forkner, Dental Health Coordinator, Nebraska Department of Health and Human Services, Division of Public Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln NE, 68509-5026.

**Thank you for completing this form.**